

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

1-1-10 to 6-30-10

MILWAUKEE COUNTY
ELECTION COMMISSION

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of John Barrett

Street Address

334 N. 74th Street

City, State and Zip Code

Milwaukee, WI 53213

2010 JUN 31 PM 12:01

RECEIVED
OFFICE USE ONLY

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing 2010 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ <i>351.36</i>	\$	\$ <i>351.36</i>	\$ <i>351.36</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>.00</i>	\$	\$ <i>-</i>	\$ <i>-</i>
1C. Other Income and Commercial Loans	\$ <i>.00</i>	\$	\$ <i>-</i>	\$ <i>-</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>351.36</i>	\$	\$ <i>351.36</i>	\$ <i>351.36</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>291.36</i>	\$	\$ <i>291.36</i>	\$ <i>291.36</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>.00</i>	\$	\$ <i>-</i>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>291.36</i>	\$	\$ <i>291.36</i>	\$ <i>291.36</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>1,622.35</i>	<i>(Includes In-kind)</i>	\$ <i>1,622.35</i>
Total Receipts	\$ <i>351.36</i>		\$ <i>351.36</i>
Subtotal	\$ <i>1,973.71</i>		\$ <i>1,973.71</i>
Total Disbursements	\$ <i>291.36</i>		\$ <i>291.36</i>
CASH BALANCE END OF REPORT	\$ <i>1,682.35</i>	<i>(Includes In-kind)</i>	\$ <i>1,682.35</i> ✓
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>.00</i>		\$ <i>-</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>.00</i>		\$ <i>-</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Mark T. Maurice</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>6/30/10</i>
		Daytime Phone: <i>(414) 305-3233</i>

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

EB-2 Rev 06/07

Website: elections.state.wi.us e-mail: seb@seb.state.wi.us

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
6/24/2010	John Barrett 324 N. 74th ST. Milw, WI 53213 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	Clerk of Courts 901 N. 9th Street Milw, WI 53233	88.00 163.36	251.36 Office Use
6/20/2010	Mark Ryan 3302 N. 46th ST. Milw, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	p/a Retired	100.00	100.00 Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total Office Use
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Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 351.36	351.36
TOTAL ITEMIZED CONTRIBUTIONS			\$ 351.36	351.36
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ —	—
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 351.36	351.36

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ___ of ___

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
6/24/2010	John Bennett 334 N. 74th St Mpls, WI 53213 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Stamps Candy (Perkins)	88.00 163.36	
3/20/2010	Southside Scholarship Fund P.O. Box 070562 Mpls, WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Donation/ Advertising	40.00	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 291.36 291.36

TOTAL ITEMIZED EXPENDITURES

\$ 291.36 291.36

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ — —

TOTAL EXPENDITURES

\$ 291.36 291.36